SIEMENS

ARCOSKOP

SP

Maintenance Protocol

System

ARCOSKOP

Customer:	
Address:	
Department:	
Room:	
Contact person:	
Telephone:	
Cust. specific no.:	
Cust. no.:	
Date.:	

The instructions SPR2-250.831.01.03.02 are required for this protocol

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English
Doc. Gen. Date: 02.05

SIEMENS Office:	
Address:	
Region:	
Country:	
Contact person:	
Tel.:	
CSE in charge:	
Tel.:	

Remarks Regarding the Protocol:

The protocol is valid as proof of quality for **one** check that must be performed on the system / component in one year.

The check must be performed in the specified intervals.

The results of the check are entered in this protocol.

The chapter numbers in front of the checkpoints indicate the corresponding chapters in the particular instructions (see cover page).

The protocol must be completely filled out by the Customer Service Engineer, i.e.:

- All boxes must be filled out. If a box does not apply to the system or if no entry needs to be made, check the “n.a.“ box.
- Enter the customer number (Cust. No.:) and the date of the check in the header of each page so that each page can be allocated to a customer and to a check date.
- If there are complaints, the IVKs for the component about which a complaint has been made as well as the type of complaint must be entered in the “Open Points“ table provided for this. Correction of these open points also must be documented in this table with the date and a signature. If there are no open points, check “No“ and document this with the date and a signature.
- If movable components (also test phantoms that are part of the system) that can be used in different systems are used for the check, they must be entered in the “Movable Components“ table provided for this.
- The measurement values for the measurements that must be performed during the check must also be entered in the open spaces / tables provided for them.
- After completing the check, Page 3 of this protocol must be filled out and signed.

Further Processing and Archiving of the Protocol

The protocol is a document and thus must be archived. After completing the test, it must be filed in the corresponding register in the “System Owner Manual“ binder. If needed, a copy can be handed to the customer.

System:	
Serial No.:	
Software Version:	
Number of the Service Contract:	
Type of Maintenance:	

Evaluating the Condition of the System / Component

The system has no deficiencies. The image quality test resulted in no differences from required reference values.	☐
The system / component has slight deficiencies that have no affect on continued operation of the system. However they should be corrected preventively. The image quality test resulted in no differences from required reference values.	☐
The system / component has serious deficiencies. For safety reasons, continued operation of the system is permitted only after successfully correcting the deficiencies.	☐

After completing all work steps, an evaluation was performed.

Signature: _____

Date: Name:

The operator or a person assigned for this has taken note of this evaluation.

(if national regulations require this)

Signature: _____

Date: Name:

Explanation of Abbreviations in the Protocol

Abbrev.	Explanation		Abbrev.	Explanation
SI	Safety Inspection		PMF	Preventive Maintenance, Operating Value Check, Function Check
SIE	Electrical Safety Inspection		Q	System Quality, Image Quality
SIM	Mechanical Safety Inspection		QIQ	Image Quality
PM	Preventive Maintenance		QSQ	System Quality Check
PMP	Periodic Preventive Maintenance		SW	Software Maintenance
PMA	Preventive Maintenance Adjustments		CSE	Customer Service Engineer

Additional activities performed

Only activities that are not described in the instructions for the system / component need to be listed.

	Date:		
Additional activities performed:	OK	not OK	n.a.
	☐	☐	☐
	☐	☐	☐

Open Points:

Yes: ☐ No: ☐ Signature: _____

Date: Name:

If “Yes“, enter the component with the IVK and the open point (only the number) in the table. After completing maintenance, record this in the table.

IVK	Component	Open Points	Completed	
			Date	Signature

Measuring Devices queried electronically:

Yes: ☐ No: ☐ Signature: _____

Date: Name:

If the measurement devices are queried electronically, for example with a Scout Mobile Device, entry of the measuring devices in the table can be skipped.

Measuring Devices	Type	Serial No.	Date Used	Next Calibration Due

Movable Components:

Yes: ☐ No: ☐ Signature: _____

Date: Name:

If “Yes“, enter the movable component with which the check was performed along with the with the Serial No. in the table.

Movable components (also test phantoms that are part of the system) are parts that can be used on different systems).

Component	Serial No.

OK not OK | n.a.

1 General information

1.9 For compressor, USA only

2 Inspection of exterior and surroundings

2.1 Inspection of exterior

PMP Damage ☐☐☐

2.2 Inspection of surroundings

2.2.1 Power outlets

SIE Damage ☐☐☐

SIE Line voltage ☐☐☐

SIE Internal line impedance ☐☐☐

Measured value:

3 Safety inspection

3.1 Mechanical safety

SIM Covers ☐☐☐

SIM Cable deflectors ☐☐☐

SIM I.I. laser light localizer mechanism ☐☐☐

Option present: Yes: ☐ No: ☐

Signature: _____

Date: Name:

SIM I.I. laser light localizer function ☐☐☐

Option present: Yes: ☐ No: ☐

Signature: _____

Date: Name:

SIM Laser light localizer mechanism ☐☐☐

Option present: Yes: ☐ No: ☐

Signature: _____

Date: Name:

SIM Brakes ☐☐☐

OK / not OK / n.a.

Option present: Yes: ☐ No: ☐

Signature: _____

Date: Name:

SIM C-arm ☐☐☐
SIM Stand ☐☐☐
SIM Remote control panel ☐☐☐

Option present: Yes: ☐ No: ☐

Signature: _____

Date: Name:

SIM E-box ☐☐☐
SIM Lifting column ☐☐☐
SIM Emergency stop button ☐☐☐
SIM Monitors ☐☐☐

Present: Yes: ☐ Material No.:
No: ☐ Serial No.:

Signature: _____

Date: Name:

SIM Warning labels ☐☐☐

3.2 Electrical safety

SIE Cables and plugs ☐☐☐
SIE Voltage discharge rubber ☐☐☐
SIE Checking the POWERPHOS inverter cables ☐☐☐
SIE Fluoroscopy timer ☐☐☐
SIE Audible warning signal ☐☐☐
SIE Radiation indicators ☐☐☐
SIE Radiation release switch ☐☐☐
SIE Compulsory radiation switch off ☐☐☐
SIE Iris collimator ☐☐☐
SIE Dose rate ☐☐☐
SIE Area-dose product measuring device ☐☐☐
SIE Image quality of the monitor(s) ☐☐☐
SIE ARCOSKOP image quality ☐☐☐
SIE Monitors ☐☐☐

OK / not OK / n.a.

Present: Yes: ☐ Material No.:

No: ☐ Serial No.:

Signature: _____

Date: Name:

		OK	not OK	n.a.
SIE	Laser light localizer	☐	☐	☐
SIE	Protective conductor test	☐	☐	☐
	Measured value:			
SIE	Equivalent leakage current	☐	☐	☐
	Measured value:			

4 Maintenance, operating value/functional inspection

4.1 Maintenance

		OK	not OK	n.a.
PMP	Cleaning the system	☐	☐	☐
PMP	System ventilation	☐	☐	☐
PMP	POWERPHOS fan	☐	☐	☐
PMP	Memoskop ventilation	☐	☐	☐

4.2 Operating value inspection

		OK	not OK	n.a.
PMF	Error memory	☐	☐	☐

4.3 Functional inspection

		OK	not OK	n.a.
PMF	Video printer option	☐	☐	☐
PMF	Video recorder option	☐	☐	☐
PMF	Laser camera connection option	☐	☐	☐
PMF	Operating functions	☐	☐	☐
PMF	Slot diaphragm	☐	☐	☐
PMF	Image rotation	☐	☐	☐
PMF	Monitor display of the iris collimator opening	☐	☐	☐
PMF	Monitor display of the slot diaphragm positions	☐	☐	☐

5 Final result/quality inspection and maintenance

		OK	not OK	n.a.
SIE	Image quality (IQ) quick test	☐	☐	☐
PMP	Maintenance	☐	☐	☐

6 Final Work Steps

		OK	not OK	n.a.
SIE	Protective conductor test	☐	☐	☐

		OK	not OK	n.a.
	Measured value:			
SIE	Equivalent leakage current	☐	☐	☐
	Measured value:			